

Mental Health Screening Determination Form

(See 22 VAC 40-73-310, 330 and 340)

Resident's Name:	Referred for Admission by:
Date Resident Interviewed for Admission:	Date Resident Admitted:

Part I. Mental Health Screening

Date mental health screening was recommended for admission or retention, if applicable: _____

Date mental health screening was completed for admission or retention: _____

Date mental health screening was reviewed by facility: _____

1) Based on all sources of information gathered for determining the appropriateness of admission or retention, has a recommendation been made, if appropriate, to have the (prospective) resident referred to a qualified mental health professional (QMHP) to determine whether the person presents a risk of harm to self and/or others? [Circle one: Yes / No] If a recommendation for a screening was made but a referral was not done, explain:

2) If a mental health screening was recommended but there will be a delay in having it completed and the results made available to the facility, explain the reason for the delay and the expected length of the delay.

3) If a mental health screening was recommended and the results were made available to the facility, did the facility use the information to help determine whether the facility can meet or continue to meet the needs of the individual, such as equipping staff with specialized training, providing a higher level of supervision, offering psychosocial activities, or providing a type of physical environment that will enhance protection? [Circle one: Yes / No]

4) If there are special considerations for the facility to help support meeting the mental health needs of the (prospective) resident, what are they?

5) If a QMHP completed a mental health screening for a (prospective) resident and a recommendation for mental health services was made, have the resident, a mental health services provider, the authorized contact person, the physician of record, and, if applicable, the legal representative been notified? [Circle one: Yes / No] If not, explain:

Part II. Psychosocial and Behavioral History

1) If there are indications of mental health problems within the past six months, has the referring party provided a documented psychosocial and behavioral history that describes the prospective resident's psychological, social, emotional, and behavioral functioning (if the party is a family member, a significant other, friend, or physician, the information may be obtained by interview and documented by the facility)? [Circle one: Yes / No]

2) Did the facility consider the information contained in the psychosocial and behavioral history in making a decision about whether the facility can meet the needs of the individual? [Circle one: Yes / No] Date History Reviewed: _____

3) Does the psychosocial and behavioral history indicate special considerations for the facility to help meet the mental health needs of the prospective resident [Circle one: Yes / No] If so, what are they?

4) If the person is admitted, was the psychosocial and behavioral history used in the development of the individualized service plan? [Circle one: Yes / No]

Additional Comments Regarding Admission/Retention:

Signature of Facility Administrator (or Designee): _____	Date: _____
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